ENTRY BLANK

PLEASE TYPE OR PRINT	Entered previous May Show
	yes □ no
Ms. PETER	ANDRES
Permanent	(Last Name Last)
Permanent 1525 PA	costect st, Hudson
	216) 656 -4155 City
Zip Area Co	ode
Temporary or Studio Address	ACCOMMENSO
Street	City
Tel. ()
Zip Area C	ode
If you do not presently live	in one of the counties of the
Western Reserve, which cou	unty were you born in?
0.11-1	
Collaborator(If Any)	
If May Show entries are no	
Artist will pick up at N	
Museum should dispose of.	
	artist C.O.D. at this address:
iviuseum should ship to	artist G.O.D. at this address.
Special Instructions	
When necessary include below instructions or a drawing of	
(h 4h	

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

DO NOT DETACH

DATE

REJECTED

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